

01/24/02  
JC713 U.S. PTO

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Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
- Applicant claims small entity status.  
See 37 CFR 1.27.
- Specification [Total Pages ]  
*(preferred arrangement set forth below)*
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings *(if filed)*
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [ Total Sheets  ]
- Oath or Declaration [ Total Pages  ]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR 1.63 (d))  
*(for continuation/divisional with Box 18 completed)*
- DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No.: \_\_\_\_\_ / \_\_\_\_\_

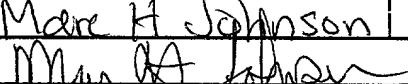
Prior application information: Examiner \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label				<input checked="" type="checkbox"/> Correspondence address below	
Name	Mare H. Johnson				
Address	3670 Yucca dr				
City	Lake Havasu	State	AZ	Zip Code	86404
Country	USA	Telephone	928 453-7334	Fax	

Name (Print/Type)	Mare H. Johnson	Registration No. (Attorney/Agent)	
Signature		Date	10/10/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

10/05/2002  
PTO

01/24/02  
PTO

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number  10/10/01
Total Number of Pages in This Submission		Filing Date
		First Named Inventor  Marc H Johnson
		Group Art Unit
		Examiner Name
		Attorney Docket Number

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input checked="" type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks enclosed is two samples of product to be patented.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Marc Hveem Johnson
Signature	Marc Hveem Johnson
Date	10/10/01

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <input type="text"/>			
Typed or printed name	LINDA D. Miller	Date	10-17-01
Signature	Linda Miller		

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$355<sup>00</sup>)

## Complete if Known

Application Number	10/10/01
Filing Date	
First Named Inventor	Marc Hveem Johnson
Examiner Name	
Group Art Unit	
Attorney Docket No.	

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	
Deposit Account Name	

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
105	130	205	65		Surcharge - late filing fee or oath	
127	50	227	25		Surcharge - late provisional filing fee or cover sheet	
139	130	139	130		Non-English specification	
147	2,520	147	2,520		For filing a request for ex parte reexamination	
112	920*	112	920*		Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*		Requesting publication of SIR after Examiner action	
115	110	215	55		Extension for reply within first month	
116	390	216	195		Extension for reply within second month	
117	890	217	445		Extension for reply within third month	
118	1,390	218	695		Extension for reply within fourth month	
128	1,890	228	945		Extension for reply within fifth month	
119	310	219	155		Notice of Appeal	
120	310	220	155		Filing a brief in support of an appeal	
121	270	221	135		Request for oral hearing	
138	1,510	138	1,510		Petition to institute a public use proceeding	
140	110	240	55		Petition to revive - unavoidable	
141	1,240	241	620		Petition to revive - unintentional	
142	1,240	242	620		Utility issue fee (or reissue)	
143	440	243	220		Design issue fee	
144	600	244	300		Plant issue fee	
122	130	122	130		Petitions to the Commissioner	
123	50	123	50		Processing fee under 37 CFR 1.17(q)	
126	180	126	180		Submission of Information Disclosure Stmt	
581	40	581	40		Recording each patent assignment per property (times number of properties)	
146	710	246	355		Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355		For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355		Request for Continued Examination (RCE)	
169	900	169	900		Request for expedited examination of a design application	
Other fee (specify) _____						

SUBTOTAL (1) (\$355<sup>00</sup>)

## 2. EXTRA CLAIM FEES

Total Claims	-20** =	X	=	Fee Paid
Independent Claims	- 3** =	X	=	
Multiple Dependent				

## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description		
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0)

\*\*or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$0)

## SUBMITTED BY

## Complete if applicable

Name (Print/Type)	Marc Hveem Johnson	Registration No. Attorney/Agent		Telephone	928 453 7334
Signature	Marc Hveem Johnson			Date	10/10/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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